



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH

City of Hospital: Fort Wayne

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 150167

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$135980965
Outpatient Patient Service Revenue	\$44578171
Total Gross Patient Service Revenue	\$180559136

2. Deductions From Revenue

Contractual Allowance	\$103624015
Other Deductions	\$318217
Total Deductions	\$103942232

3. Total Operating Revenue

Net Patient Service Revenue	\$76616904
Other Operating Revenue	\$2986040
Total Operating Revenue	\$79602944

4. Operating Expenses

Salaries and Wages	\$5858153	Employee Benefits	\$1947079
Depreciation and Amortization	\$1727015	Interest Expense	\$987590
Bad Debt	\$707567	Other Expenses	\$32511380
Total Operating Expenses	\$43738784		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$35864160	Total Assets	\$0
Net Non-operating Gains over Loss	\$7881	Total Liabilities	\$0
Total Net Gains	\$35872041		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$77325591	\$62228942	\$15096649
Medicaid	\$14268050	\$12557321	\$1710729
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$88965495	\$29155969	\$59809526
Total	\$180559136	\$103942232	\$76616904

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$83134	
HCI Payments	\$0		
Subtotal	\$0	\$83134	\$-83134
Medicaid Shortfalls	\$1710729	\$3727528	
Subtotal	\$1710729	\$3810662	\$-2099933
DSH Payments	\$0		
Subtotal	\$1710729	\$3810662	\$-2099933
Medicare Shortfalls	\$15096649	\$20201311	
Other Government Programs	\$0	\$0	
Total	\$16807378	\$24011973	\$-7204595

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0